

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1.

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-13-2003 90676 008 ****70.00

DOCUMENT # NO1000004688

1. Entity Name

FUTURE LEADERS ACADEMY FOR ARTS AND SCIENCE, INC



Principal Place of Business

Mailing Address

**601 SW 27TH AVE
OCALA FL 34474**

**PO BOX 4995
OCALA FL 34478**

2. Principal Place of Business

517 SW 27th AVE

Suite, Apt. #, etc.

3. Mailing Address

517 SW 27th AVE

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34474

Country

Zip

34474

Country

4. FEI Number **65-1118852**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**POOLE, EUGENE
12500 NW 97TH PLACE
OCALA FL 34482**

7. Name and Address of New Registered Agent

Name **DIRECTOR**

Street Address (P.O. Box Number is Not Acceptable)

517 SW 27th AVE

City **OCALA**

FL

Zip Code **34474**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1-7-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD POOLE, EUGENE A 12500 N.W. 97TH PLACE OCALA FL 34482 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COD STEVENSON, ROBERT 1921 N.W. 13TH PLACE OCALA FL 34475 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, DEBRA 401 S.W. M.L.K. JR., AVE. OCALA FL 34474 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ← Keep
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ← Keep
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD LILIANA RICO ARIAS 1 Cedar Terrace Pass OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03

Date

622-1921

Daytime Phone #

CR2E037 (10/02)